

Arizona State Board of Nursing

4747 N. 7th Street, Suite 200

Phoenix, AZ 85014-3653

Phone: (602) 889-5150

Fax: (602) 889-5155

E-mail: Arizona@azbn.gov

PRINT, FILL OUT AND RETURN THE REQUEST FORM BY MAIL ONLY

FORM TO REQUEST A NAME CHANGE / ADDRESS CHANGE / DUPLICATE LICENSE OR CERTIFICATE / OR CNA DOCUMENT

***Name and address changes are to be submitted to the Board, in writing,
within 30 days (R4-19-308, R4-19-812).**

CHANGE REQUESTED: (Check ALL that apply)

☐ NAME CHANGE * ☐ ADDRESS CHANGE * ☐ DUPLICATE ☐ DOCUMENT REQUEST
(Complete Areas 1, 2 & 5) (Complete #'s 1 & 3) (Complete #'s 1 & 5) (Complete #'s 1 & 4)

ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS AND MADE PAYABLE TO THE ASBN

1. FILL IN ALL INFORMATION IN THIS SECTION: (PRINT CLEARLY) Social Security #: _____
(Mandatory)

NAME _____ TELEPHONE # (____) _____

_____ Last First MI _____
RN ☐ LPN ☐ ADVANCED PRACTICE ☐ CRNA ☐ SCHOOL NURSE ☐ CNA ☐

2. FOR NAME CHANGES: Must provide documentation to verify license/certificate holder's previous name i.e. birth certificate, a social security card, marriage license, divorce decree, High School diploma and documentation which verifies the licensee/certificate holder's current name i.e. divorce decree, driver's license, social security card, marriage license.

FORMER NAME _____
_____ Last First Middle Name or Initial

NEW NAME _____
_____ Last First Middle Name or Initial

3. FOR ADDRESS CHANGE: ☐ There will be a \$5 fee if address change is not made within 30 days
(Address changes can also be made by going online to www.azbn.gov.)

OLD ADDRESS _____
_____ Street City State ZIP

NEW ADDRESS _____
_____ Street City State Zip

4. DOCUMENT REQUEST: ☐ CNA Document (certificate) renewal, **\$25.00.** **FEES ARE**
☐ Original CNA Document (certificate), **\$40.00.** **NOT REFUNDABLE**

5. DUPLICATE (select the license or certificate that pertains to you) **FEES ARE NOT REFUNDABLE**

☐ CNA DOCUMENT Fee: \$10.00 ☐ ADVANCED PRACTICE/CRNA/SCHOOL NURSE Fee: \$10.00 ☐ RN/LPN LICENSE Fee: \$15.00

REASON FOR REQUEST: (Only check one box)

☐ Card Lost/Stolen: **Include a statement to explain fully the circumstances surrounding loss of license or certificate.**

Statement of loss: _____

☐ Name Change (If requesting a new license/certificate reflecting the new name, **your certificate/license with the former name on it must be returned, along with a copy of the official document evidencing the name change.**)

☐ Address change (If requesting a new license/certificate reflecting the new address, **your license/certificate with the former address on it must be returned.**)

The undersigned verifies that he/she is the person referred to on this request form, and that the statements are true in every respect.

Signature _____